

MAYOR MURIEL BOWSER PRESENTS

YOUTH ART CONTEST

#HEALTHYHEROESDC



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YOUTH ART CONTEST

Artist's First Name: _____

Artist's Age: _____

Artist's Ward of Residence: _____ Artist's School: _____

Parent/Guardian Name : _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

By electronically submitting artwork, you are giving the District the consent to use the submitted artwork for agency communication and promotional materials, including social media, advertising, and news, in perpetuity.

For more information and the full list of rules please go to **backtoschool.dc.gov**.

☐ I have read the rules and agree to the terms.

Parent/Guardian Signature: _____